

06/22/01
JC9970 U.S. PTO

06-25-01

1
JC997 U.S. PTO
09/887935

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	Wilmington-1
First Inventor	Ralph C. Wileczek
Title	Trust Comparison Prodes
Express Mail Label No	EL883477077US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 16]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 2]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-In-part (CIP)

of prior application No.:

Prior application information.

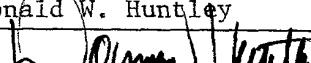
Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input type="checkbox"/> Correspondence address below
Name	Huntley & Associates			
Address	1105 N. Market Street			
City	Wilmington	State	DE	Zip Code 19899-0948
Country	USA	Telephone	302-426-0610	Fax 426-0612

Name (Print/Type)	Donald W. Huntley	Registration No. (Attorney/Agent)	24,673
Signature			Date 6-22-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

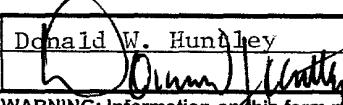
Complete If Known

Application Number	
Filing Date	June 22, 2001
First Named Inventor	Ralph C. Wileczek
Examiner Name	
Group Art Unit	
Attorney Docket No.	Wilmington-1

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 08-3440 Deposit Account Name Huntley & Associates <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>168</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>						Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	390	216	195	117	890	217	445	118	1,390	218	695	128	1,890	228	945	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	130	123	130	126	180	126	180	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	168	900	169	900	Other fee (specify) _____			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																												
105	130	205	65																																																																																																																												
127	50	227	25																																																																																																																												
139	130	139	130																																																																																																																												
147	2,520	147	2,520																																																																																																																												
112	920*	112	920*																																																																																																																												
113	1,840*	113	1,840*																																																																																																																												
115	110	215	55																																																																																																																												
116	390	216	195																																																																																																																												
117	890	217	445																																																																																																																												
118	1,390	218	695																																																																																																																												
128	1,890	228	945																																																																																																																												
119	310	219	155																																																																																																																												
120	310	220	155																																																																																																																												
121	270	221	135																																																																																																																												
138	1,510	138	1,510																																																																																																																												
140	110	240	55																																																																																																																												
141	1,240	241	620																																																																																																																												
142	1,240	242	620																																																																																																																												
143	440	243	220																																																																																																																												
144	600	244	300																																																																																																																												
122	130	122	130																																																																																																																												
123	130	123	130																																																																																																																												
126	180	126	180																																																																																																																												
581	40	581	40																																																																																																																												
146	710	246	355																																																																																																																												
149	710	249	355																																																																																																																												
179	710	279	355																																																																																																																												
168	900	169	900																																																																																																																												
Other fee (specify) _____																																																																																																																															
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																																																																																															
FEE CALCULATION																																																																																																																															
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> <tr><td colspan="4">SUBTOTAL (1) (\$ 710)</td></tr> </tbody> </table>								Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	710	201	355	106	320	206	160	107	490	207	245	108	710	208	355	114	150	214	75	SUBTOTAL (1) (\$ 710)																																																																																															
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																												
101	710	201	355																																																																																																																												
106	320	206	160																																																																																																																												
107	490	207	245																																																																																																																												
108	710	208	355																																																																																																																												
114	150	214	75																																																																																																																												
SUBTOTAL (1) (\$ 710)																																																																																																																															
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>7</td><td></td><td></td><td>-20**</td><td>= 0</td><td>x 0 = 0</td></tr> <tr><td>1</td><td></td><td></td><td>- 3**</td><td>= 0</td><td>x 0 = 0</td></tr> <tr><td colspan="6">SUBTOTAL (2) (\$ 710)</td></tr> </tbody> </table>								Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid	7			-20**	= 0	x 0 = 0	1			- 3**	= 0	x 0 = 0	SUBTOTAL (2) (\$ 710)																																																																																																					
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid																																																																																																																										
7			-20**	= 0	x 0 = 0																																																																																																																										
1			- 3**	= 0	x 0 = 0																																																																																																																										
SUBTOTAL (2) (\$ 710)																																																																																																																															
*or number previously paid, if greater; For Reissues, see above																																																																																																																															
*Reduced by Basic Filing Fee Paid 750																																																																																																																															

*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid **750**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Donald W. Huntley	Registration No. (Attorney/Agent)	24,673	Telephone 302-426-0610
Signature				Date June 22, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**NONPUBLICATION REQUEST
UNDER
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor	Ralph C. Wileczek
Title	Trust Comparison Process
Atty Docket Number	Wilmington-1

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122(b).

June 22, 2001

Date



Signature

Donald W. Huntley, Reg. No. 24,673

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.